## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10766783

| CLAIMS AS FILED - PART I  |  |   |                                       |   |                  | SMALL ENTITY |                        |       | OTHER          | THAN                   |
|---|--|---|---------------------------------------|---|------------------|--------------|------------------------|-------|----------------|------------------------|
| · · · · · · · · · · · · · · · · · · ·   |  |   | (Column 1) (C                         |   | olumn 2)         | TYPE         |                        | OR    |                |                        |
| TOTAL CLAIMS  |  |   | 37                                    |   |                  | RATE         | FEE                    | 7     | RATE           | FEE                    |
| FOR   |  |   | NUMBER                                | FILED NU                                    | IMBER EXTRA      | BASIC FEE    | 385.00                 | OR    | BASIC FEE      | 770.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | minus 20= * /                         |   |                  | XS 9=        |                        | OR    | X\$18=         | 306                    |
| INDEPENDENT CLAIMS  |  |   |                                       |   | المنسا           | X43=         |                        | OR    | X86=           |                        |
| ML  | JLTIPLE DEPE                                   | NDENT CLAIM P                             | RESENT                                | <del></del>                                 |                  | +145=        |                        | OR    | +290=          |                        |
| * If  | the difference                                 | in column 1 is                            | less than zero, enter "0" in column 2 |   | TOTAL            |              | OR                     |       | 1076           |                        |
| CLAIMS AS AMENDED - PART II   |  |   |                                       |   |                  |              | <u> </u>               |       | OTHER          |                        |
| (Column 1)  |  |   | (Column 2) (Column 3)                 |   | SMALL ENTITY     |              | OR                     | SMALL |                |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE         | ADDI-<br>TIONAL<br>FEE |       | RATE           | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **  | =                | XS 9=        |                        | OR    | X\$18=         |                        |
|   | Independent                                    | *   | Minus                                 | ###   | =                | X43=         |                        | OR    | X86=           |                        |
| Ĺ   | FIRST PRESE                                    | ENTATION OF MU                            | JLTIPLE DEP                           | 'ENDENT CLAI                                | IM               | 145          |                        | 1 1   | . 200-         |                        |
|   | •  |   |                                       |   |                  | +145=        |                        | OR    | +290=<br>TOTAL |                        |
|   |  |   |                                       |   |                  | ADDIT. FEE   |                        | OR ,  | ADDIT. FEE     |                        |
| _   |  | (Column 1)                                |                                       | (Column 2)                                  | (Column 3)       | r            |                        |       | - 1            |                        |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA | RATE         | ADDI-<br>TIONAL<br>FEE |       | RATE           | ADDI-<br>TIONAL<br>FEE |
|   | Total .  | *   | Minus                                 | **  | =                | X\$ 9=       |                        | OR    | X\$18=         |                        |
| AME   | Independent                                    | *   | Minus                                 | ***   | =                | X43=         |                        | OR    | X86=           |                        |
|   | FINST PRESE                                    | NTATION OF MU                             | LIPLE DEP                             | ENDENT CLAIR                                | <u> </u>         | +145=        |                        | OR    | +290=          |                        |
|   |  |   |                                       |   |                  | TOTAL        |                        |       | TOTAL          | •                      |
|   | •  | (Column 1) .                              |                                       | (Column 2)                                  | (Column 3)       | ADDIT. FEE   |                        | Ο, Α  | ADDIT. FEE     |                        |
| MEN   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE         | ADDI-<br>TIONAL<br>FEE |       | RATE           | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus ··                              | **  | =                | X\$ 9=       |                        | OR    | X\$18=         |                        |
|   | Independent                                    |   | Minus                                 | ***   | . =              | X43=         |                        | r     | X86=           |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |   |                  |              |                        | OR    |                |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                                       |   |                  |              |                        | OR    | +290=          |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                       |   |                  |              |                        |       |                |                        |